



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (01-03)  
Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 410

## Complete if Known

Application Number 09/508,870  
Filing Date March 16, 2000  
First Named Inventor Furuhata, Yukari  
Examiner Name Janet D. Chance  
Group Art Unit 3626  
Attorney Docket No. 16869P-006100US

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ MoneyOrder ☐ Other ☐ None

☒ Deposit Account:

Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1001	750	2001	375	Utility filing fee
1002	330	2002	165	Design filing fee
1003	520	2003	260	Plant filing fee
1004	750	2004	375	Reissue filing fee
1005	160	2005	80	Provisional filing fee

Fee Paid

SUBTOTAL (1)

(\$ )

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Total Claims	Extra Claims	Fees from below	Fee Paid
Independent Claims	<input type="text"/>	..	<input type="text"/>	<input type="text"/>
Multiple Dependent	<input type="text"/>	..	<input type="text"/>	<input type="text"/>

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ )

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee Code	Large Fee (\$)	Small Fee Code	Small Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	410	2252	205	Extension for reply within second month
1253	930	2253	465	Extension for reply within third month
1254	1,450	2254	725	Extension for reply within fourth month
1255	1,970	2255	985	Extension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,300	2453	650	Petition to revive - unintentional
1501	1,300	2501	650	Utility issue fee (or reissue)
1502	470	2502	235	Design issue fee
1503	630	2503	315	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Petitions related to provisional applications
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))
1801	750	2801	375	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$ )410

## SUBMITTED BY

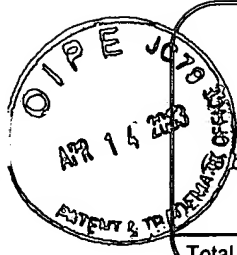
Complete (if applicable)

Name (Print/Type)	Steve Y. Cho	Registration No. (Attorney/Agent)	44,612	Telephone	650-326-2400
Signature				Date	4/17/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. PA 3296953 v1

3626



# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (To be used for all correspondence after initial filing)		Application Number	09/508,870
		Filing Date	March 16, 2000
		First Named Inventor	Furuhata, Yukari
		Art Unit	3626
		Examiner Name	Janet D. Chance
Total Number of Pages in This Submission		Attorney Docket Number	16869P-006100US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form-In Duplicate  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Communication Copy of Stamped Receipt Postcard Copy of Express Mail Receipt Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

RECEIVED  
APR 17 2003  
GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Steve Y. Cho Reg. No. 44,612
Signature	
Date	4/7/03

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: April 7, 2003			
Typed or printed	Andrea S. Beck		
Signature		Date	4/7/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents  
Washington, D.C. 20231

On April 7, 2003

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

#9/misc Ltr  
Lounsbury  
4/24/03  
PATENT

Attorney Docket No.: 16869P-006100US  
Client Ref. No.: 349700210US1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

YUKARI FURUHATA, et al.

Application No.: 09/508,870

Filed: March 16, 2000

For: SCHEDULE MANAGEMENT  
SYSTEM AND METHOD

Examiner: Chance, Janet D.

Art Unit: 3626

COMMUNICATION

**RECEIVED**  
APR 17 2003  
**GROUP 3600**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Applicants respectfully request the filing date of the present application to be corrected to indicate that it was filed on March 16, 2000, not October 4, 2000. A copy of the Stamped Return Receipt Postcard and Express Mail Receipt are enclosed.



YUKARI FURUHATA, et al.  
Application No.: 09/508,870  
Page 2

PATENT

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,

Steve Y. Cho  
Reg. No. 44,612

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, 8<sup>th</sup> Floor  
San Francisco, California 94111-3834  
Tel: 650-326-2400  
Fax: 415-576-0300  
SYC:syc  
PA 3296792 v1

PATENT APPLICATION  
FILING ACKNOWLEDGMENT

09/508870

Mailing Date: March 16, 2000

File No.: 16869P-006100US

Attorney: RCC/PAD/cm

Inventor(s): Yukari Furuhashi, et al.

Title: SCHEDULE MANAGEMENT SYSTEM FOR TRAVEL EXPENSE ACCOUNT

☐ Declaration ☐ Power of Attorney  
☐ Combined Declaration & Power of Attorney  
☐ Assignment ☐ Small Entity Decl.

No. Pages of Description: 38  
No. Pages of Appendix: 1  
No. Pages of Claims: 1  
No. Pages of Abstract: 7  
No. Sheets of Drawings: 7  
Microfiche Appendix: 7

371 application, copy of  
published PCT application

512 Rec'd PCT/PTO 16 MAR 2000

Express Mail No. EL394872081U

Please stamp the date of receipt of the enclosed documents and return this card to addressee

EL3948

PATENT APPLICATION  
FILING ACKNOWLEDGMENT

Mailing Date: March 16, 2000

File No.: 16869P-006100US Attorney: RCC/PAD/cm

Inventor(s): Yukari Furuhashi, et al.

Title: SCHEDULE MANAGEMENT SYSTEM FOR TRAVEL EXPENSE ACCOUNT

☐ Declaration ☐ Power of Attorney  
☐ Combined Declaration & Power of Attorney  
☐ Assignment ☐ Small Entity Decl.

No. Pages of Description: 38 371 application, copy of  
No. Pages of Appendix: 1 published PCT application  
No. Pages of Claims: 4  
No. Pages of Abstract: 1  
No. Sheets of Drawings: 7  
Microfiche Appendix: 7

Express Mail No. EL394872081US

Please stamp the date of receipt of the enclosed documents and return this card to addressee



EXPRESS MAIL NO. EL394872081US

DATE OF DEPOSIT: March 16, 2000

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington, D. C. 20231.

By: Diane Damento

Attorney Docket No. 16869P-006100US

**POST OFFICE  
TO ADDRESSEE**



EL394872081US

<b>ORIGIN (POSTAL USE ONLY)</b>	
PO ZIP Code 94126	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second
Date In 3/16/00	Time In <input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM
Weight 15 ozs.	Int'l Alpha Country Code
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials
Flat Rate Envelope <input type="checkbox"/>	
Postage \$ 15.75	
Return Receipt Fee	
COD Fee	
Insurance Fee	
Total Postage & Fees \$ 15.75	



SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE

Customer Copy  
Label 11-F July 1997

<b>CUSTOMER USE ONLY</b>	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X941886	
<input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
<input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	
<b>FROM: (PLEASE PRINT)</b> TOWNSEND & TOWNSEND & CREW 2 EMBARCADERO CTR FL 8 SAN FRANCISCO CA 94111-3823 UBK:ep File No. 16869P-006100US	<b>TO: (PLEASE PRINT)</b> BOX PCT ASSISTANT COMMISSIONER FOR PATENTS & TRADEMARKS WASHINGTON DC 20231-0001

PRESS HARD.  
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov

